

STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
DIVISION OF REGULATORY BOARDS
LOCKSMITH LICENSING PROGRAM
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0570
615.532.3369 FAX 615.532.2965
www.tn.gov/commerce/boards/

LOCKSMITH LICENSING PROGRAM - NOTICE OF TERMINATION OR TRANSFER

Check one: Termina	tion Trans	sfer			
A licensee or registrant shall submit a prospective employer along with two (: (10) days of obtaining employment with	2) color passport-style ph	notos, the \$25.00 Identification			
To transfer, the \$50.00 fee and two (2) of (those who have received their identified)				Locksmith Apprentices	
Check one: Locksm	ith	Apprentice	e Locksmith		
Last Name	First Name		Middle Name		
Home Address		City	State	Zip Code	
Locksmith License/Apprentice Registra	ation# Area Code	and Home Phone #	Email Address		
INFORMATION ABOUT THE LOCKSMI	TH COMPANY FROM WH	ICH THE INDIVIDUAL HAS T	ERMINATED OR TRANSF	ERRED:	
Company Name				License #	
Company Address		City	State	Zip Code	
Date of Employment Da	te of Termination	Reason for Termina	tion		
INFORMATION ABOUT THE LOCKSMI	TH COMPANY FROM WH	ICH THE INDIVIDUAL IS TRA	INSFERRING TO: (TRAN	SFERS ONLY)	
Company Name				License #	
Company Address		City	State	Zip Code	
Company Area Code & Phone #	Name of Supervisor		Date of Employment		
AUTHORIZATION: Signature of Locks	mith Qualifying Agent <u>rec</u>	<u>juired</u> for all Terminations a	nd Transfers		
Printed Name	Signature	Signature		Date Signed	

TRANSFERS MUST COMPLETE ALL SECTIONS OF THIS FORM